

Effective October 1, 2001

10014382

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	*
INDEPENDENT CLAIMS	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
1	2	3
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364	365	366
3		

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=	168.00	OR	X84=	336.00
+140=		OR	+280=	
TOTAL	538.00	OR	TOTAL	1416.00

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State of the applicant:</p> <p>4. Title of the invention:</p> <p>5. Date of the invention:</p> <p>6. Name of the inventor:</p> <p>7. Address of the inventor:</p> <p>8. City and State of the inventor:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State of the assignor:</p> <p>12. Name of the assignee:</p> <p>13. Address of the assignee:</p> <p>14. City and State of the assignee:</p> <p>15. Name of the assignor:</p> <p>16. Address of the assignor:</p> <p>17. City and State of the assignor:</p> <p>18. Name of the assignee:</p> <p>19. Address of the assignee:</p> <p>20. City and State of the assignee:</p>		<p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State of the applicant:</p> <p>4. Title of the invention:</p> <p>5. Date of the invention:</p> <p>6. Name of the inventor:</p> <p>7. Address of the inventor:</p> <p>8. City and State of the inventor:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State of the assignor:</p> <p>12. Name of the assignee:</p> <p>13. Address of the assignee:</p> <p>14. City and State of the assignee:</p> <p>15. Name of the assignor:</p> <p>16. Address of the assignor:</p> <p>17. City and State of the assignor:</p> <p>18. Name of the assignee:</p> <p>19. Address of the assignee:</p> <p>20. City and State of the assignee:</p>

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE			ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

(Column 1)	(Column 2)	(Column 3)
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AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.